

**New Hampshire Department of Health and Human Services
Division of Community Based Care Services**

REQUEST FOR PROPOSALS

*Bureau of Drug and Alcohol Services
Prevention Services Unit*

CENTER FOR EXCELLENCE

10-DCBCS-BDAS-CFE-01

February 17, 2009

The mission of the New Hampshire Department of Health and Human Services (NH DHHS), Division of Community Based Care Services (DCBCS) is to assure the health and well-being of communities and populations in New Hampshire by promoting and protecting the physical, mental and environmental health of its citizens, by preventing disease, injury, disability and death, and preparing for public health emergencies. This mission is carried out, to a large degree, in partnership with community-based agencies that are awarded contracts through a Request for Proposals (RFP) process.

1. PURPOSE OF THE REQUEST FOR PROPOSALS AND AVAILABLE FUNDING

The purpose of this RFP is to solicit proposals from qualified applicants to establish a Center for Excellence, hereafter referred to as the "Center," to provide technical assistance (TA) for Bureau of Alcohol and Drug Services (BDAS) providers and to provide certain other system improvement functions for the Department. Staff at the Center should have an understanding of substance abuse prevention services. The area to be served is statewide. The anticipated time period of this contract shall be July 1, 2009 to September 30th, 2010.

It is anticipated that approximately \$438,500 will be available in State Fiscal Year (SFY) 2010, (July 1, 2009, or date of Governor's Commission approval, whichever is later, through June 30, 2010), and \$128,250 in State Fiscal Year 2011 (July 1, 2010 through September 30, 2010) for the purposes set out in this RFP. The source of funds for this RFP is the Federal Strategic Prevention Framework State Incentive Grant (SPF SIG).

In summary: approximately \$438,500 is available in SFY 2010, and \$128,250 is available in SFY 2011, for a total approximate amount available of \$566,750. Proposals shall not exceed total funds available in each fiscal year.

Estimates of available funding and time periods presented here are subject to adjustments. See Section 14 of this RFP for provisions regarding Amendments and Renewals of any contract resulting from this RFP. Copies of this RFP and accompanying forms may be downloaded from our website at: <http://www.dhhs.nh.gov/DHHS/OBO/LIBRARY/RFP/default.htm>. Forms

contained in the PDF or print versions of the RFP cannot be used for electronic data entry. Electronic versions of forms, to be used for proposal submission, will be provided to all bidders that submit a Letter of Intent.

2. BACKGROUND INFORMATION

The misuse of alcohol and other drugs in New Hampshire is a problem of significant magnitude. In spite of its ranking as one of the healthiest states in the nation, substance abuse rates in New Hampshire are higher than in many other areas of the country. In a recent national survey, over 8% of NH's population reported alcohol abuse or dependence, and almost 3% reported drug abuse or dependence, compared to the national averages of 7.94% and 2.68% respectively.¹

Nationwide in 2006, 23% of persons ages 12 to 17 and 42.2% of persons ages 18 to 25 reported that they chose to "binge drink" alcohol. Binge drinking is defined as consuming five or more alcoholic drinks within a few hours. Alcohol and illicit drug dependence or abuse among New Hampshire residents ages 18 to 25 ranks extremely high versus the national average at 25.94%. Meanwhile, NH currently has the capacity to treat less than 10% of the population in need.²

In January of 2006, a task force was convened by the New Hampshire Department of Health and Human Services; the New Hampshire Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention, and Treatment; Dartmouth Medical School; and the New Hampshire Alcohol and Drug Services Providers' Association to develop a statewide plan to address these critical issues. Representing numerous agencies, organizations and professions, task force members assembled to identify the strategies necessary to strengthen the overall system, and improve access to services ranging from prevention through recovery. Goals developed by the task force included:

- Reducing the incidence, burden and progression of substance use disorders by integrating best available science and evidence-based programming into prevention, clinical practice and policy,
- Developing a public/private partnership between state government and regional institutions of research and training to ensure that the best available science is embedded in programs and services for the prevention, intervention, treatment of and recovery from substance use disorders; and
- Assuring the ongoing dissemination of emerging science on substance use disorders to policy makers and practitioners.

The federal Strategic Prevention Framework State Incentive Grant (SPF SIG) has funds available for promoting and enhancing evidence-based prevention programming, policies and practices through its ten regional Community Prevention Coalitions (CPCs). The selected Center contractor will work with the SPF Senior Management Analyst and other BDAS staff to support data information needs related to prevention systems development.

¹ Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2005 and 2006.

² *Sic*

The goals of this RFP:

It is anticipated that the Center will improve the overall operations and business practices of DCBCS-funded AOD prevention providers; promote and expand the use of evidence-based practices; and improve prevention outcomes for NH citizens.

3. SCOPE OF SERVICES AND PERFORMANCE MEASURES

3.1 Scope of Services:

The minimum required services to meet the priorities and goals of this request for proposals are:

- **Demonstrated capacity to provide technical assistance to AOD prevention providers.**
The Center will have the capacity to review available literature and other resources to identify effective standards, practices, and programs for particular types of alcohol and other drug prevention services identified by the Department. The Center will develop internal capacity to utilize systems change methodology, such as “The Change Book; A Blueprint for Technology Transfer³ or other system change models demonstrated to be effective in the alcohol and other drug services field, to support contractors adopting effective practices, programs and or standards.

The Center must demonstrate adequate staffing capacity, utilizing individuals that are trained as *Systems Change Specialists*, to provide on-site technical assistance, as indicated by the Department, to providers across the state. It is envisioned that the *Systems Change Specialists* will possess the knowledge and skills necessary to meet the bulk of provider technical assistance needs. It is further expected the Center will have the capacity to access *Subject Matter Experts* that will work in tandem with the *Systems Change Specialist* and providers as needed to improve program operations and practices.

Designated staff from the Department of Health and Human Services (DHHS) will serve as the Oversight Board to the Center for Excellence. The DHHS program specialist/contract managers will initiate requests for Technical Assistance (TA) through the oversight board on behalf of providers and assist in facilitating the provision of these services.

The Department will make its current Federal, State and regional subject matter resources available to the Center as necessary and available.

- **Assist with the development and maintenance of web site** organized by the categories and subcategories of prevention services for particular populations. The contractor will research and provide content to the website development vendor on “public awareness” information, “best practices” – both general and specific to regional CPCs - and data (development of an “Instant Atlas”), and a calendar of events and trainings, and links to “community profile” and other information and online trainings.

³ www.nattc.org/thechangebook

- **Develop and maintain the capacity to use existing data to compile reports** on provider process and outcome data as well as other information, to demonstrate the progress of NH's publicly funded programs in adopting effective standards, practices, and programs. The Center will also review data and information available from State, Federal and other sources to produce reports and visual aids that demonstrate the effectiveness of AOD prevention services.
- **Establish capacity for leading grant writing efforts** on behalf of DHHS, by assuming the lead in convening stakeholders to provide input and writing at least three proposals for identified grant applications per year, at least one of which should be for a significant grant (equal to or greater than \$500,000 per year, if such grants are available). Such proposals would include provisions for the Center to provide technical assistance to support activities envisioned in the proposal that will provide ongoing resources to help sustain the Center.
- **Additional funds** may become available to the Center to support cross systems programming (mental health, child welfare, justice, etc.) that enhance prevention, intervention, treatment and recovery support services for special populations across these systems as identified in the Alcohol and Other Drug Plan for the State⁴. The use of these funds would be under the direction of the oversight board.

3.2 Performance Measures

The DCBCS is committed to assuring that it delivers high quality public health services directly or by contract. As stewards of state and federal funds we strive to assure that all services are evidenced-based and cost efficient. To measure and improve the quality of public health services, DCBCS employs a performance management model. This model, comprised of four components, provides a common language and framework for DCBCS and its community partners. These four components are: 1) performance standards; 2) performance measurement; 3) reporting of progress; and, 4) quality improvement. DCBCS has established the following performance measures for the work to be carried out under this proposal.

A. The Center, based on the timeline and work plan accepted by the state, for the period of the contract, at a minimum, shall:

- 1) Survey and assess current prevention providers, with the assistance of the Community Prevention Coalitions (CPCs), to identify current practices being utilized by state contracted providers during the first six months of the contract period.
- 2) Research Effective Standards and Practices to provide TA (Technical Assistance) to contracted AOD Providers in the adoption of these standards and practices:
 - a. The Center will develop and provide TA for meeting National Outcome Measures (NOMS) and other contract requirements to identified State-contracted providers, which may include, but is not limited to: onsite Technical Assistance meetings and consultations, telephone conference calls, facilitating peer-to-peer mentoring,

⁴ ["Overcoming the Impact of Alcohol and Other Drug Problems: A Plan for New Hampshire"](#)

Web-based resources; on-line learning forums and Web-based courses. Six prevention providers will receive such TA in the first year of the contract.

- b. The Center will facilitate the provision of TA for efficient and effective administration and business practices to six prevention providers during the contract period. These providers may not necessarily be the same providers identified in 2) b. above.
- c. Based on assessments and surveys described in 1) above, and at the direction of the State, provide on-going TA and support to AOD contracted providers and the State through best practice initiatives, training and technical assistance related to best practice implementation and the use of fidelity measures. The Center will collaborate at the direction of the DHHS oversight board (which is comprised of representatives of the BDAS), with the Northeast Center for Applied Prevention Technology (<http://captus.samhsa.gov/northeast/northeast.cfm>) to utilize resources available to the state that support the adoption of effective practices and related efforts. Research national standards for alcohol, tobacco and other drug (ATOD) programs, practices and policies (e.g. Student Assistance Programs, court diversion, alternative activities, environmental strategies, etc.). The Center will post on the website a minimum of three practices, policies and/or programs chosen and endorsed by the state agency each year of the contract period.
- d. Research and report current spectrum of cost bands for universal, selective and indicated prevention strategies, including staffing recommendations, staff qualifications and supervision, and innovative funding to support and sustain prevention. An initial assessment with recommendations and action plan should be completed in Year One. The actions identified will be implemented in Year Two.
- e. Ensure that evidence-based practice protocols and cost band analyses, as stated in e. & f. above, are compliant with National Outcome Measure (NOMs) requirements put forth by SAMHSA.
http://www.nationaloutcomemeasures.samhsa.gov/./outcome/index_2007.asp
- f. In collaboration with the Department of Health and Human Services, the Center shall convene a panel of informed experts to establish a protocol to be used to determine if funded prevention programs not currently endorsed by SAMHSA meet SAMHSA's service to science guideline #4 (per the NH Evidence Based Selection Guidance Document) i.e., the intervention is judged by informed experts to be effective. The panel of experts, which shall be comprised of a minimum of 8 state, regional and local experts, will meet monthly to establish these protocols. The number of programs to be reviewed will be established through meetings with each CPC region and State staff. An initial analysis and protocol will be completed in Year One. Technical assistance related to the protocol will be delivered in Year Two.
- g. Assist the State in analyzing and adapting its contracting and contract management process, to ensure that evidence-based programming, policies, and practices, implementation fidelity, and performance-based outcomes are being met.

- 3) Write at least three alcohol and other drug related services grants as directed by the Department of Health and Human Services.
- 4) Assist in the establishment of a Web Based Information Resource Site
 - a. The Center will work with designated website vendor to establish a web site that will house general public and professional level AOD materials, national, state and local data, tools, and resources to support NH publicly funded AOD grantees and contractors.
 - b. Publish, update and distribute a compendium of evidence-based prevention programs, policies and practices, as provided by NH DHHS, showing evidence of effectiveness in New Hampshire by geographic area, target population type, and cultural considerations to be posted on “Public Awareness, Best Practices and Data Information” web-site;
 - c. Provide linkages to online tools and trainings to state contracted providers, including NE CAPT and other web-based courses.
- 5) Work cooperatively with the State Epidemiological Workgroup to review and analyze data and information available from state and Federal sources to produce reports and graphical depictions that demonstrate the effectiveness of the AOD services.
- 6) Provide resources to support cross systems (mental health, child welfare, justice, etc.) initiatives to enhance prevention services for special populations identified in the “Overcoming the Impact of Alcohol and Other Drug Problems; A Plan for New Hampshire” (<http://www.dhhs.nh.gov/DHHS/ATOD/default.htm>)
- 7) Operations
 - a. Meet with the state oversight board on a quarterly basis
 - b. The Center will provide quarterly reports based on an approved work plan and timeline.
 - c. Ensure adequate staffing to carry out the objectives of the Center for Excellence Staff will consist of a full time project director and 1 FTE administrative support staff. Internal capacity should include documented expertise in the continuum of prevention services as well as system change process shown to be effective with AOD services.
 - d. Work collaboratively, at the direction of the State, with the NH Training Institute on Addictive Disorders, to coordinate training that supports identified technical assistance efforts.
 - e. Establish and/or maintain a project office (with necessary equipment, supplies, and telecommunications)

B. Minimum Expectations by Fiscal Year:

- 1) State Fiscal Year 2010:
 - a. Operationalize the organization at a specific site with a full compliment of staff within 3 months of the award.
 - b. Help establish a web based information resource center that includes information to support SFY-2010 initiatives

- c. Identify and implement business and administrative practice improvements with 6 AOD contract providers.
 - d. Provide web site content to support the implementation of the ten Community Prevention Coalitions' (CPCs) strategic plans
 - e. Provide technical assistance to help CPCs implement selected evidence based strategies in regional and community based strategic plans.
- 2) State Fiscal Year 2011.
- a. The Center may be asked to subcontract with the New Hampshire Training Institute on Addictive Disorders, pending a contract amendment. Linkage and coordination with this Training Institute is expected regardless of future contractual arrangements.
 - b. Provide technical assistance to support adjustment and refinements of CPC strategic plans.
 - c. Write a minimum of three federal and/or foundation grant applications, one of which shall be in excess of \$500,000 annually.

C. Staffing Provisions

As part of this proposal, the bidder is required to describe in the work plan, the steps that will be taken towards meeting the performance measures and the evaluation process that will be used to assure progress towards meeting the performance measures and the overall program objectives and goals. At intervals specified by DCBCS, the selected bidder/contractor will report on their progress towards meeting the performance measures, and overall program goals and objectives to demonstrate they have met the minimum required services for the proposal. These funds should provide for a full time Director position, staff with demonstrated expertise in research, planning and System Change methodology and @ 1 FTE administrative support staff.

3.3 Culturally and Linguistically Appropriate Standards of Care

DCBCS recognizes that culture and language have considerable impact on how consumers access and respond to public health services. Culturally and linguistically diverse populations experience barriers in efforts to access health services. To ensure equal access to quality health services, DCBCS expects the Contractor shall provide culturally and linguistically appropriate services according to the following guidelines:

- Assess the ethnic/cultural needs, resources and assets of their community.
- Promote the knowledge and skills necessary for staff to work effectively with consumers with respect to their culturally and linguistically diverse environment.
- When feasible and appropriate, provide clients of minimal English skills with interpretation services.
- Offer consumers a forum through which clients have the opportunity to provide feedback to the Contractor regarding cultural and linguistic issues that may deserve response.

4. ELIGIBILITY

Proposals may be submitted by any established non-profit corporation, public agency (agency or department of municipal, county, or state government); or by private proprietorships, partnerships, or corporations; or by a consortium of public, non-profit, and private entities. In the case of collaborative proposals, one organization shall be designated to enter into a contractual relationship with the DCBCS. Programs currently funded shall be in full fiscal and programmatic compliance in order to receive consideration for an award under this RFP.

5. PROCUREMENT TIMETABLE

February 17, 2009	RFP packages are available by request or via the NH DHHS website http://www.dhhs.nh.gov/DHHS/OBO/LIBRARY/RFP/default.htm
February, 24, 2009	Bidders' Conference (optional)
March 4, 2009	Letters of Intent due to DCBCS by 4:30 PM EST
March 11, 2009	Deadline to submit questions in writing relative to RFP by 4:30 PM EST
March 18, 2009	Proposals due to DCBCS by 4:30 PM EST
April 1, 2009	Notices will be sent to selected bidder(s)
April 15, 2009	Contract documents sent by DCBCS to selected bidder(s) for signature
April 22, 2009	Signed contract documents due back to DCBCS
July 1, 2009	Effective date of contract, pending Governor and Council approval.

6. LETTER OF INTENT

The enclosed Letter of Intent Form, or other written communication that includes all information requested on the Letter of Intent Form, shall be used to satisfy the Letter of Intent requirement. A Letter of Intent offers the benefit of ensuring that a bidder will receive notice of any modifications made to the RFP as well as copies of questions asked by all bidders and answers provided by DCBCS, as described in Section 7.2. Also, electronic versions of forms, required for proposal submission, will be provided to all bidders that submit a Letter of Intent.

7. BIDDERS' CONFERENCE AND BIDDERS' QUESTIONS

7.1. Bidders' Conference

A bidders' conference will be held for all bidders on February 24, 2009 at 10:00 AM at the offices of the Bureau of Drug and Alcohol Services, 105 Pleasant Street, Concord, NH 03301, located at the Hugh Gallen State Office Park. Attendance at the bidders' conference is optional. Potential bidders may participate by phone. Contact Melissa Ritchings via email at Melissa.W.Ritchings@dhhs.state.nh.us to RSVP and/or arrange to participate via phone no later than 3:00 PM EST on February 19, 2009 to make necessary arrangements. The bidders'

conference will provide an overview of the RFP process and an opportunity to receive technical assistance. Questions received at the bidders' conference and corresponding replies will be communicated via e-mail to all bidders' conference attendees and will be published on the DHHS web site at: <http://www.dhhs.nh.gov/DHHS/OBO/LIBRARY/RFP/default.htm>

7.2. Bidders' Questions

Please see the DHHS' Frequently Asked Questions (FAQs) about the RFP process @ <http://www.dhhs.nh.gov/DHHS/OBO/FAQs/default.htm>. These will provide answers to many commonly asked questions about the proposal process. All questions relative to the RFP must be submitted in writing to Valerie Moran by the date in the Procurement Timetable at the address below or via e-mail at vmorgan@dhhs.state.nh.us. These questions and their answers will be sent to all bidders who have submitted a letter of intent and will also be published on the DHHS web site at the web address noted in the Procurement Timetable.

NH DHHS – Bureau of Drug and Alcohol Services
ATTN: Valerie Morgan
105 Pleasant Street, 3rd Floor North
Concord, NH 03301

8. APPROPRIATE USE OF FUNDS AND OTHER REQUIREMENTS

Funds may be used to pay for salaries and benefits of program staff, meeting expenses, travel for program and training purposes, technical assistance and other training, educational materials, postage, supplies, rent, laboratory services, subcontracts, consultants, equipment, software, and telephone. Indirect costs must be less than or equal to 08%. DCBCS funding may not be used to replace funding for a program already funded from another source.

Funded contractors/vendors will be expected to keep records of their activities related to DCBCS-funded programs and services. Payment for contracted services will be made on a combined line item cost reimbursement basis on monthly invoices for expenditures incurred and upon compliance with reporting requirements.

Funded contractors/vendors will be accountable to meet the scope of services. Failure to meet the scope of services may jeopardize the funded contractor/vendor's current and/or future funding. Corrective action may include actions such as a contract amendment or termination of the contract. The contracted organization shall prepare progress reports, as required.

Staff funded under this RFP may be required to attend pertinent technical assistance sessions or progress reviews sponsored by DCBCS.

9. PROPOSAL SUBMISSION INSTRUCTIONS.

9.1 Proposal Submission

Proposals shall be submitted to:

NH DHHS – Bureau of Drug and Alcohol Services
ATTN: Melissa Ritchings
105 Pleasant Street, 3rd Floor North
Concord, NH 03301

The proposal shall be **received** (not simply post-marked) by DCBCS **no later** than 4:30 PM EST on the date specified in the Procurement Timetable (Section 5, above). **No extensions will be granted. Faxed copies will NOT be accepted. The responsibility for submitting a response to this RFP on or before the stated time and date will rest solely and strictly with the bidder.** The DCBCS will in no way be responsible for delays in delivery caused by the U.S. Postal Service or other couriers, or caused by any other occurrence.

9.2 Required Materials

The following required materials must be submitted to DCBCS in order for a proposal to be complete:

1. Original proposal, plus three (3) copies, and an electronic copy on CD or other media
2. Proposal Face Sheet
3. Proposal Checklist
4. Table of Contents
5. Executive Summary
6. Proposal Narrative
7. Workplan with Performance Measures
8. Staff List Form
9. Budget Form
10. Sources of Revenue Form
11. Comprehensive General Liability Insurance Acknowledgement Form

Forms contained in the PDF or print versions of the RFP cannot be used for electronic data entry. Electronic version of forms, to be used for proposal submission, will be provided to all bidders that submit a Letter of Intent.

10. PROPOSAL REQUIREMENTS AND SCORING CRITERIA

Proposals shall follow the outline presented in this section and are required to contain all components listed and detailed below. Proposals will be reviewed as described in Section 11. **The score of a proposal will be based on the extent to which the applicant successfully addresses the required proposal components.**

10.1 Proposal Formatting & Adherence to Instructions – 5 Points

An organized proposal facilitates the work of reviewers who are often reviewing multiple proposals.

Proposals shall:

- contain a Table of Contents;
- be typed, double-spaced and in no less than 11-point font;
- have one-inch margins;
- have numbered pages, following the Table of Contents;
- include requested information in appropriate sections of proposal;
- adhere to page limitations for each section;
- spell out all acronyms the first time that they are used;
- note the source of all data cited; and,
- be clipped in the upper left corner, and not be bound or stapled.

10.2 Proposal Face Sheet – Not scored

10.3 Proposal Checklist – Not scored

10.4 Table of Contents – Not scored

10.5 Executive Summary (not to exceed 2 pages) - Not scored

Proposals lacking an Executive Summary will not be reviewed.

Summarize the agency/bidder organization information (include any networks or subcontractors to be involved), and the proposal, the targeted population(s) and the estimated total number of people to be served by these funds. The Executive Summary is an integral component of the proposal review process and must be prepared as a stand-alone component.

10.6 Proposal Narrative and Workplan

10.6.1 - Bidder Experience and Capacity (not to exceed 5 pages) - 30 Points

This section of the proposal is intended to convey the experience and capacity of the bidder, its staff and any collaborating partners to carry out the scope of services. It should convince reviewers that the bidder is the most qualified candidate to provide the services requested.

1. Describe the bidder's overall **mission, program, and services**, indicating how they relate to the goals and priorities described in Section 2 of the RFP.
2. Describe/demonstrate in the proposal that the bidder and any collaborating partners have the **experience and capacity** necessary to meet the goals, objectives, and priorities of the program; provide the minimum required services as described in Section 3 of the RFP; and, to meet the performance measures. This includes:
 - a. its overall ability to perform the technical aspects of the program;
 - b. the availability of qualified and experienced personnel;

- c. the availability of adequate facilities, general environment, and resources for the proposed services; and,
 - d. adequacy of plans for the administration of the program. Please include an organizational chart.
3. Clearly describe arrangements for coordination of services and exchange of information with other health care providers and agencies. Copies of subcontracts or memorandum of understanding, letters of support are provided as applicable summarizing clearly and specifically the nature of the collaboration and level of support.
 4. Describe any significant changes and accomplishments (for example, changes in geographic area served, staffing, or reorganization of agency/bidder organizational structure) which occurred during the current fiscal year, or which are planned for the upcoming period, and explain how these will impact the scope of services to be provided.

10.6.2 - Plan of Operation (not to exceed 5 pages) - 50 Points

This section of the proposal supplements the workplan and Staff List Form and describes how the bidder will meet the overall goal(s) described in Section 2 and the Scope of Services of the RFP.

1. Describe, concisely and completely:
 - a. how the program will operate;
 - b. how the scope of services as described in Section 3 of the RFP will be carried out – and by whom;
 - c. the roles of each staff member, identifying each staff member by name or, by title if the position is vacant. Provide, as attachments, current resumes for all program staff and job descriptions for vacant positions. These attachments will not be counted as part of the page limitation; and,
 - d. how performance measures will be met.
2. Describe the populations and geographical areas to be served, including the number of clients expected to be served. These numbers should be realistic and appropriate for the service area.
3. Describe and demonstrate the bidder's ability to access one or more populations considered a high priority for the program in the bidder's service area.
4. Describe a plan for monitoring and evaluating progress in meeting objectives (and performance targets, stating how progress will be measured.
5. Complete the provided electronic Staff List Form according to instructions.

10.6.3 - Workplan

Submit a workplan that address specific objectives, activities and performance measures. There is no page limitation. Performance Measure targets should be realistic and attainable.

1. Describe steps of a clear and rational process to meet or maintain the performance measure target.
2. Provide specific performance measures and detail appropriate community-based measures with realistic targets.

10.6.4 - Budget and Justification - 15 Points

For the purposes of this RFP, the **Budget Periods are defined as 7/1/09 - 6/30/10, and 7/1/10 - 9/30/10.**

The proposed budget shall be appropriate in relation to the proposed activities, reasonable, clearly justified, and consistent with the intended use of funds. It shall include the following items, **one for each Budget Period:**

1. **Budget Form (provided by DCBCS) See RFP Enclosures, Section 16.** This form details the costs of your proposal. The Budget Form shall be submitted electronically and in hard copy.
2. **Budget Justification - (Not to exceed 2 pages per Budget Period)**

A Budget Justification must be completed for each Budget Period (and each separate budget if appropriate).

 - Describe in detail each expense item and personnel position for which funding is requested, linking each to the services to be provided. Use the numbered items as listed in the Budget Form and Justification Instructions (See Enclosures) to organize this justification narrative.
 - Ensure that the budget is appropriate in relation to the proposed activities, reasonable, clearly justified, and consistent with the intended use of funds.
 - Proposals should provide the best value for cost/price bid.
 - The indirect costs shall not exceed 08 %.
 - Bidders should submit budgets consistent with the following funding guidance. Total direct personnel costs should not exceed \$140,000 in SFY 2010 and \$35,000 in SFY 2011 year. These funds should provide for a full time Director position, staff with demonstrated expertise in System Change methodology and @ 1 FTE administrative support staff. In addition, occupancy, supplies, materials, communications, travel and any other ancillary costs, should not exceed \$20,000 per year.

The bidder should also consider the need for expert consultants to accomplish many of the requirements of this proposal particularly in the area of direct technical assistance to DHHS prevention providers. It is expected that the amount budgeted for this purpose will not exceed \$50,000 in 2010 and \$25,000 in 2011.

Also, the bidder should allocate \$50,000 in 2010, and \$25,000 in 2011 to issue grants (in consultation with DHHS) for discretionary programs designed to

address significant emerging trends or initiatives that will further improve the quality of services within the prevention system. .

Finally, the bidder should demonstrate in the proposal, and account for in the budget, any additional income that might be derived through successful grant writing efforts or any other means available to augment the Department's funds and enhance services offered relative to this RFP.

In summary: approximately \$438,500 is available for SFY 2010, and \$128,250 for SFY 2011, for a total estimated amount of \$566,750.

3. Sources of Revenue Form (provided by DCBCS)

The Sources of Revenue Form shall be submitted electronically and in hard copy.

- Complete one Sources of Revenue Form for each Budget Period.
- Provide clear information about other sources of revenue for the program other than state funds.
- Show in-kind contributions for the same Budget Periods.
- Show any revenue generated.

4. Staff List Form (provided by DCBCS)

The Staff List Form shall be submitted electronically and in hard copy.

- Include all staff in the program funded in part or in whole through this proposal.
- Complete one Staff List Form for each Budget Period.

11. PROPOSAL REVIEW AND EVALUATION

DCBCS will convene a review panel to conduct an objective review of proposals received in response to this RFP process. The panel will be comprised of internal and external reviewers for competitive proposals. All reviewers are required to sign a conflict of interest agreement to assure their impartiality during the review process.

Scoring of proposals will be based solely on what is submitted in writing by the bidder in response to this RFP. The merits of each proposal will be evaluated and scored according to the scoring criteria described in Section 10.

In situations in which proposal scores are close or equal after the initial review, the DCBCS may choose to conduct a second review of the proposals with comparable scores, and/or may request that bidders present a live presentation to the review committee of their proposal. The DHHS reserves the right to request additional information in order to make a final determination of the successful bidder(s).

DCBCS reserves the right to accept or reject any proposal, and to waive any minor irregularities in the proposals. DCBCS reserves the right to make final funding decisions based on the availability of funds, geographic distribution of services, prior bidder performance (if applicable), and other Department priorities.

Please note that DCBCS recommends the awarding of a contract to the Governor and Executive Council. Thus, the RFP and contract process is not complete without approval of the Governor and Executive Council.

12. PROCEDURES FOR BIDDER SELECTION AND NOTIFICATION

Notice of Selection Procedures

A letter of selection will be sent to selected bidders by the date noted in the procurement timetable. The scope of services and budget may be negotiated based upon the merit of the proposal as evaluated by the review panel, availability of funding, and conditions of the award. Failure of a selected bidder to satisfactorily negotiate within a reasonable time may result in the bidder forfeiting its award.

DCBCS may negotiate the funding of geographic service areas and selected activities of a proposal if other activities can be funded more efficiently through different providers. DCBCS may also require a bidder to make appropriate linkages with other contractors/vendors and programs in order to receive funding.

Recommendation for Non-Selected Proposals

In accordance with New Hampshire Statutes Chapter 21-I:13-a, no information shall be available to the public, the members of the general court or its staff, notwithstanding the provisions of RSA 91-A:4, concerning specific invitations to bid or other proposals for public bids, from the time the invitation or proposal is made public until the bid is actually awarded, in order to protect the integrity of the public bidding process. This means that no information can be provided to non-selected bidders until contracts are awarded to selected bidders through the Governor and Executive Council.

After contracts for selected bidders are approved by Governor and Executive Council, non-selected bidders may request an opportunity to:

- 1) Discuss with DCBCS administrative staff the reasons for not being selected.
- 2) Receive recommendations that may make future proposals more effective.

Such requests shall be submitted in writing to:

NH DHHS, DCBCS, Bureau of Drug and Alcohol Services
ATTN: Valerie Morgan
105 Pleasant Street, 3rd Floor North
Concord, NH 03301

Such requests are not considered appeals. Once a bidder has submitted a letter, DHHS will attempt to accommodate such requests within a reasonable time.

13. DOCUMENTS FOR CONTRACT APPROVAL

Following the review of all proposals, **selected** bidders will be required to submit the following documents for contract approval:

- Signed and notarized **General Provisions (P-37)** (form provided by DCBCS).
- Signed and notarized **Certificate of Vote** (sample provided by DCBCS).
- Revised budget and budget justification pages.
- Most recent **Agency Financial Audit, or audited financial statements** (required only for contracts purchasing social services)
- Agency/bidder **Mission Statement** - (required only for contracts purchasing social services)
- **Key Administrative Personnel Sheet** - (required only for contracts purchasing social services) a chart of key administrative personnel.
- **Resumes** - (required only for contracts purchasing social services) current resume/curriculum vitae of each person listed in the Key Personnel Sheet.
- **Board of Directors List** - (required only for contracts purchasing social services)
- **Certificate of Good Standing** - (not required for municipalities) this is a Certificate of Good Standing, Registration, or Authorization, as appropriate, that is issued by the NH Secretary of State's office and is proof of a company/organization's existence.
- **Certificate(s) of Insurance** for General Liability and Worker's Compensation Insurance with the following listed as the Certificate Holder:

NH Department of Health & Human Services
105 Pleasant Street
Concord, NH 03301

- Signed copies of additional assurances: **Exhibits D; E; F; G; H; and, I**, if applicable, (provided by DCBCS).

Please make arrangements in advance for any necessary Board actions so that contract documents can be returned by the date listed in the procurement timetable. Successful contract document completion will result in a contract becoming effective on the date in the procurement timetable or upon approval by the Governor and Executive Council of the State of New Hampshire, whichever is later. **Delays in returning contract documents may result in contracts not being effective on that date.** No services occurring before the effective date are reimbursable under the contract.

14. ADDITIONAL INFORMATION

Amendments

DCBCS has the option of amending the Agreement throughout the funding cycle based on program performance, fiscal expenditure, and other contract requirements. All amendments require approval by the Governor and Executive Council.

Renewals

DCBCS has the option to renew the Agreement for two additional year(s), pending availability of funding, the agreement of the parties, and approval by Governor and Council.

Cancellation

DCBCS may, upon determining that no satisfactory proposals have been received for any particular service, decide to re-bid for this particular service.

Public Record

All proposals become the property of the State of New Hampshire and will be a matter of public record.

15. RESPONSIBILITIES OF THE DIVISION OF COMMUNITY BASED CARE SERVICES

DCBCS will take an active role in providing technical assistance to the contract organizations on relevant issues (e.g., program implementation and evaluation) by conducting site visits and maintaining frequent telephone contact.

All documents (written, video, audio) produced or purchased under the contract shall have prior approval from DCBCS before printing, production, distribution or use. The DHHS will retain COPYRIGHT ownership for any and all original materials produced with DHHS contract funding, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports. Contracted organizations may not reproduce any materials produced under the contract without prior written approval from DHHS.

16. ENCLOSURES

Letter of Intent Form
Proposal Face Sheet & Instructions
Proposal Checklist
Staff List Form & Instructions
Budget Form
Budget Form and Justification Instructions
Sources of Revenue Form & Instructions
Comprehensive General Liability Insurance Acknowledgement Form

**LETTER OF INTENT TO APPLY FOR
NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF COMMUNITY BASED CARE SERVICES FUNDING
FISCAL YEARS 2010 AND 2011**

Deadline

**Required Letters of Intent must be received at DCBCS no later than
4:30 PM, EST on March 4, 2009**

Letters of Intent can be faxed to the # below or e-mailed to:

Melissa.W.Ritchings@dhhs.state.nh.us

To: **Melissa Ritchings**
NH DHHS - Bureau of Drug and Alcohol Services
105 Pleasant Street, 3rd Floor North
Concord, NH 03301

Telephone #: **(603) 271-5379** **Fax#: (603) 271-6105**

Re: *Letter of Intent for SFY 2010, 2011 funding*

BIDDER INFORMATION

<i>Legal Name of Bidder:</i> <i>(please include "d.b.a." if applicable)</i>	
<i>Executive Director:</i>	
<i>Street Address:</i>	
<i>City, State and Zip Code:</i>	
<i>Telephone:</i>	
<i>Fax:</i>	
<i>E-mail address:</i> <i>(to send electronic documents to)</i>	
<i>Contact Person and Title:</i>	

I understand that this proposal is due by March 18, 2009 and will not be accepted after that time. _____ (to be signed by contact person listed above).

Please indicate below the name of the RFP for which bidder is submitting a proposal and write in the geographical service area.

We intend to submit a proposal(s) for funding for the following:

Name of RFP	Geographical Service Area
Center for Excellence	Statewide

**New Hampshire Department of Health and Human Services
Division of Community Based Care Services**

Proposal Face Sheet

1. Legal Name of Bidder:

2. Name of RFP:

3. Amount of funds requested through this proposal: \$

4. Budget Period(s) / / to / /
 / / to / /
 / / to / /

5. Name and Title of Bidder contact person for proposal:

6. Mailing address:

7. Phone number:

8. Fax number:

9. E-mail address:

10. Geographic area to be served:

11. Enter projected/contracted numbers of clients to be served by population per Budget Period:

Budget Period	Target Population	Numbers to be served

**New Hampshire Department of Health and Human Services
Division of Community Based Care Services**

**Proposal Face Sheet
Instructions**

- 1. Legal name of bidder:** Enter the legal name of the bidder. This must match the name on the Certificate of Good Standing.
- 2. Name of RFP:** This is the name of the Request for Proposals to which you are responding, such as the HIV Prevention Services RFP or Tobacco Addiction Treatment Services and Resource Center RFP. One face sheet and complete set of forms should be completed for each proposal.
- 3. Amount of funds requested through this proposal:** (See Section 1 of RFP)
- 4. Budget Period(s):** See Section 10.6.4. Enter the beginning and ending date(s) for the Budget Period(s) as detailed in Section 10.6.4.
- 5. Name and title of contact person for proposal:** Enter the name of the contact person and their title within the bidder organization (i.e. Executive Director, Program Coordinator). This should be the person who can answer questions relative to the proposal.
- 6. Mailing address:** Enter the address to which correspondence relative to the proposal should be sent.
- 7. Phone number:** Enter the phone number for the contact person.
- 8. Fax number:** Enter the fax number to which correspondence relative to the proposal should be sent.
- 9. E-mail address:** Enter the e-mail address for the contact person.
- 10. Geographic area to be served:**
Identify the geographic area to be served (See section 1 of RFP)
- 11. Projected/contracted numbers of clients to be served per Budget Period by population:** If the RFP requires it, list the Budget Period(s) in the left column, the target population in the center column, and the number of clients in that population that you project serving or are contracted to serve in the right column. For example – for family planning, list teens and the number of teens you project to serve per Budget Period.

**New Hampshire Department of Health and Human Services
Division of Community Based Care Services**

Proposal Checklist

Bidder Name:

This checklist is provided to assist you in assuring your proposal is complete. Please check off all required items and submit it with your proposal. Write “N/A” if the item is not applicable to your proposal.

Face Sheet []

Executive Summary []

Proposals lacking an Executive Summary will not be reviewed.

Narrative []

Staff List Form []

Budget Form []

Budget Justification []

Sources of Revenue Form []

Comprehensive General Liability
Insurance Acknowledgement Form []

Curriculum Vitae []

Workplan []

**New Hampshire Department of Health and Human Services
Division of Community Based Care Services**

Staff List Form

COMPLETE ONE STAFF LIST FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: _____

Name of RFP: _____

Budget Period: _____

A	B	C	D	E	F	G	H
Position Title	Current Individual in Position	Projected Hrly Rate as of 1st Day of Budget Period	Hours per Week	Proj. Amnt Funded by this contract for Budget Period	Proj. Amount from Other Sources for Budget Period	Total Salaries All Sources	Site*
Example:							
Program Coordinator	Sandra Smith	\$21.00	40	\$21,840	\$21,840	\$43,680	
Total Salaries by source				\$0.00	\$0.00	\$0.00	

Please note, forms downloaded from the DHHS website will NOT calculate. Electronic versions of forms are provided to all bidders submitting a Letter of Intent.
*Please list which site(s) each staff member works at, if bidder has multiple sites.

**New Hampshire Department of Health and Human Services
Division of Community Based Care Services**

**Staff List Form
Instructions**

This form should include all staff in the program funded in part or whole through this proposal. It should provide an accurate projection of all staff salaries to be paid through the grant for the Budget Period. Complete one Staff List Form for each Budget Period.

List each staff member's:

- A. Position Title;
- B. Name;
- C. Hourly rate as of the first day of the Budget Period;
- D. Number of hours per week in the program (total);
- E. Amount of the total salary funded by this program for the Budget Period;
- F. Amount of the total salary funded from other sources for the Budget Period; and,
- G. Total salaries all sources (E & F).

If the program has current positions or projected new positions that will be paid out of the proposed contract, list them as vacant in the name column and complete the remaining columns as instructed above.

If the program has more than one site:

- H. List the site at which each staff member works. Do not include volunteers or consultants.

The total salaries should match the total salary/wages line item on the Budget Form. Benefits are not included here. Consultants should be listed separately on that line item of the Budget Form and described in the Budget Narrative.

Please note, any forms downloaded from the DHHS website will NOT calculate. Electronic versions of forms are provided to all bidders submitting a Letter of Intent.

**New Hampshire Department of Health and Human Services
Division of Community Based Care Services**

Budget Form

COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD			
Bidder/Program Name: _____ Budget Request For: _____ <div style="text-align: center; font-size: small;">(Name of RFP)</div>			
Budget Period: _____			
Line Item	Funds Requested	Other Funds	Total
1. Total Salary/Wages	\$	\$	\$
2. Employee Benefits	\$	\$	\$
3. Consultants	\$	\$	\$
4. Equipment:	\$	\$	\$
Rental	\$	\$	\$
Repair and Maintenance	\$	\$	\$
Purchase/Depreciation	\$	\$	\$
5. Supplies:	\$	\$	\$
Educational	\$	\$	\$
Lab	\$	\$	\$
Pharmacy	\$	\$	\$
Medical	\$	\$	\$
Office	\$	\$	\$
6. Travel	\$	\$	\$
7. Occupancy	\$	\$	\$
8. Current Expenses	\$	\$	\$
Telephone	\$	\$	\$
Postage	\$	\$	\$
Subscriptions	\$	\$	\$
Audit and Legal	\$	\$	\$
Insurance	\$	\$	\$
Board Expenses	\$	\$	\$
9. Software	\$	\$	\$
10. Marketing/Communications	\$	\$	\$
11. Staff Education and Training	\$	\$	\$
12. Subcontracts/Agreements	\$	\$	\$
13. Indirect Costs (not to exceed 10%)	\$	\$	\$
14. Other (specific details mandatory):	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL			

Please note, any forms downloaded from the DHHS website will NOT calculate.
Electronic versions of forms are provided to all bidders submitting a Letter of Intent.

**New Hampshire Department of Health and Human Services
Division of Community Based Care Services**

Budget Form and Justification Instructions

Electronic (Excel) Budget Forms will be provided by DCBCS to bidders submitting a Letter of Intent. Submit completed Budget Form(s) electronically and in hard copy.

Submit one Budget Form for each program and each Budget Period for which you are requesting funds. In the column: “Funds Requested” list funds for each line item for which you are requesting funds through this proposal. In the column “Other Funds” list funds from other sources by line item. It is not necessary to enter anything in the total column or row, as all totals will be calculated for you. In addition, a Budget Justification must be submitted with each Budget Form.

Use the information below in developing the budget and preparing the Budget Justification. Additional Guidelines for Budget Preparation are available by requesting them from the RFP contact person for those needing more guidance.

1. **Salary/Wages**—Budget Form: from the Staff List Form, include the totals from column E under Funds Requested and the total from F under Other Funds.
2. **Employee Benefits**—Identify the percentage of salary estimated for all fringes.
3. **Consultants**—Budget Form: include the total amount for all consultants.
4. **Equipment**—Identify under the appropriate item (rental, repair and maintenance, or purchase/depreciation) what the total projected expenses will be. NOTE: Purchase of equipment in excess of \$300 must be approved in writing prior to purchase.
5. **Supplies**—Identify projected expenses separately for educational, medical, laboratory, pharmacy, and office.
6. **Travel**—Identify total projected expenses for in state, out-of-state, and conferences. In the narrative state per mile and allowable expenses (based on bidder’s travel policies).
7. **Occupancy**—Identify total cost of occupancy narrative.
8. **Current Expenses**—Identify projected expenses separately for telephone, postage, subscriptions, audit and legal, insurance, and board expenses. Note: Contract funds can only be used for audit expenses if the audit is completed in compliance with A-133 federal guidelines.
9. **Software**—Identify projected expenses of software purchase.
10. **Marketing/Communications**—Identify projected expenses to increase awareness and visibility as well as to promote the program, including brochures, newsletters, and press kits.
11. **Staff Training and Education**—Budget-identify funds used for staff training and education.
12. **Subcontracts/Agreements**—Identify funds used to enter into sub-contracts or agreements with other contractors/vendors to carry out the scope of services of Section 3.
13. **Indirect Costs**—Identify total amount of indirect costs for this program. **Not to exceed 10%.**
14. **Other**—**Specific details mandatory** for any other program expenses not previously noted above.

Sources of Revenue Form

New Hampshire Department of Health and Human Services
Division of Community Based Care Services

Bidder/Program Name: _____

Name of RFP: _____

Budget Period: _____

A	B		C	
Sources of Revenue (Funds)	Revenue for Currently Funded Programs for Current Budget Period		Projected Revenue for Proposed Budget Period	
	Dollar Amount	Percentage	Dollar Amount	Percentage
<i>Note: Please do not include funds from unrelated initiatives within your organization.</i>				
DCBCS Funds (specify source below)				
Other State Funds (specify source below)				
City/Town Funds				
Other Federal Funds				
United Way				
Medicaid				
Client Fees				
Fundraising				
Other (specify below)				
TOTAL	\$0.00		\$0.00	
In-kind (specify below)				
TOTAL	\$0.00		\$0.00	

Please note, any forms downloaded from the DHHS website will NOT calculate. Electronic versions of forms are provided to all bidders submitting a Letter of Intent.

New Hampshire Department of Health and Human Services
Division of Community Based Care Services

Sources of Revenue Form Instructions

Electronic (Excel) Sources of Revenue Forms will be provided by DCBCS to bidders submitting a Letter of Intent. Submit completed Sources of Revenue Form(s) electronically and in hard copy.

Submit one Sources of Revenue (SOR) Form for each program and each Budget Period for which you are requesting funds.

Please do not include funds from unrelated initiatives within your organization.

Column A: Many programs receive funds (revenue) from multiple sources; list these **sources** in this column, as indicated.

Column B: **For Currently Funded Programs**, list the actual **dollar amounts** of revenue by source, for the program's **current** Budget Period. Percentages will automatically calculate in the Percentage column (in electronic version of the form).

Column C: List the projected **dollar amounts** of revenue by source, for the **projected** Budget Period. Percentages will automatically calculate in the Percentage column (in electronic version of the form).

In-Kind Revenue: *Please list sources and value of **In-Kind Revenue** in the lower portion of Columns A, B and C.*

Please note, any forms downloaded from the DHHS website will NOT calculate. Electronic versions of forms are provided to all bidders submitting a Letter of Intent.

**New Hampshire Department of Health and Human Services
Division of Community Based Care Services**

Comprehensive General Liability Insurance Acknowledgement Form

The New Hampshire Office of the Attorney General requires that the Request for Proposal (RFP) package inform all bidders of the State of New Hampshire's general liability insurance requirements. The limits of liability required are dependent upon your corporation's legal formation, and the annual total amount of contract work with the State of New Hampshire.

Please select only ONE of the checkboxes below that best describes your corporation's legal formation and annual total amount of contract work with the State of New Hampshire:

Insurance Requirement for (1) - 501(c) (3) contractors whose annual gross amount of contract work with the State does not exceed \$500,000, per RSA 21-I:13, XIV, (Supp. 2006): The general liability insurance requirements of standard state contracts for contractors that qualify for nonprofit status under section 501(c)(3) of the Internal Revenue Code and whose annual gross amount of contract work with the state does not exceed \$500,000, is comprehensive general liability insurance in amounts of not less than \$1,000,000 per claim or occurrence and \$2,000,000 in the aggregate. *These amounts may NOT be modified.*

- ☐ (1) The contractor certifies that it **IS** a 501(c) (3) contractor whose annual total amount of contract work with the State of New Hampshire does **not** exceed \$500,000.

Insurance Requirement for (2) - All other contractors who do not qualify for RSA 21-I:13, XIV, (Supp. 2006), Agreement P-37 General Provisions, 14.1 and 14.1.1. Insurance and Bond, shall apply: The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, both for the benefits of the State, the following insurance: comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$2,000,000 per incident or occurrence. *These amounts MAY be modified if the State of NH determines contract activities are a risk of lower liability.*

- ☐ (2) The contractor certifies it does **NOT** qualify for insurance requirements under RSA 21-I:13, XIV (Supp. 2006).

Please indicate your current comprehensive general liability coverage limits below, sign, date and return with your proposal package.

\$_____ Per Claim \$_____ Per Incident/Occurrence \$_____ General Aggregate

Signature & Title

Date

This acknowledgement MUST be COMPLETED and RETURNED with your proposal.